



# APPLICATION FOR RENEWAL OF ALCOHOLIC BEVERAGE PERMIT

State Form 47 (R12 / 7-05)

Approved by State Board of Accounts, 2005

## FOR OFFICE USE ONLY

Examined by / date

Hearing date

Issue date

New expiration date

Release date

Base fee

Catering

### INSTRUCTIONS:

1. Type or print legibly.
2. Submit in duplicate. Include payment
3. Application must be received by our office 77 days (11 weeks) before permit expires.
4. Do not complete shaded areas.

## STEP 1. GENERAL INFORMATION

Name of applicant as printed on existing permit	Permit Number	Permit Type	
Name of Business (d/b/a)	State Tax I.D. number	Permit expiration date	
Business Address (number and street, city, state, ZIP code)	Business Telephone Area / Number ( ) -		
	Home Telephone Area / Number ( ) -		
Mailing address (number and street, city, state, ZIP code)	Status <input type="checkbox"/> Active <input type="checkbox"/> Non-operational / Escrow (Attach escrow letter)		
Name of Processor	Date of Renewal	Excise District	Local Board
1) Have there been any changes in the existing operation, floor plans, or seating accommodations since you last applied for this permit? (If Yes, attach affidavit of changes and copies of amended floor plan on 8.5" x 11" paper if applicable)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Do you consent for the duration of the permit to inspection and search by an enforcement officer, without a warrant or other process, of your licensed premise and vehicles to determine compliance with the provisions of I.C. 7.1?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Does the permittee have an interest in any distiller, vintner, farm winery, rectifier, brewer, primary source of supply, or wholesaler permit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Since your last renewal have you been convicted of any misdemeanor or felony? (If Yes, please attach letter with dates, court, conviction, and sentence of conviction)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Do you have the right to possess (rent, mortgage, or own) the permit premise for the term of the permit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Have all your sales taxes and property tax obligations for the past year and those due at this time been paid in full?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7) Do you sell tobacco products?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## STEP 2. BUSINESS OWNERSHIP

Check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Club <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Sole ownership			<b>CORPORATIONS ONLY</b>	
<b>Note: If the ownership has changed (by death, transfer or sale of stock or interest, etc.) since you last applied for renewal, the processor should be notified at once before completing this section.</b>				
<b>Provide the information for the individuals associated with your permit as follows:</b> CLUB - Highest ranking officer and the financial secretary or treasurer CORPORATION - President, secretary, and all stockholders (list total shares authorized / issued and individual shares held and percent of shares issued) LIMITED LIABILITY COMPANY - All members and percent of interest held LIMITED PARTNERSHIP / PARTNERSHIP / LIMITED LIABILITY PARTNERSHIP - All partners and percent of interest held SOLE OWNERSHIP - Owner			Total shares authorized	
			Total shares issued	
TITLE	NAME AND HOME ADDRESS	*SOC. SEC. NO. & DOB	SHARES OR INTEREST HELD IF APPLICABLE	%
		SSN		
		DOB		
		SSN		
		DOB		
		SSN		
		DOB		
		SSN		
		DOB		

\*Social Security Numbers are required by federal child support law

Enclose an additional sheet if necessary

**STEP 3. ANNUAL FOOD SALES**

Required for the following permits: Type 209 (except golf courses); All retail permits with less than 60% ownership by Indiana residents;  
Retail permits with limited bar / family room separation.

Date of beginning report (month, day, year)		Date of ending report (month, day, year)
Gross food sales (exclude all carryout and catering sales)	Gross Alcoholic beverage sales	Gross food and beverage sales

**STEP 4. OPERATION INFORMATION**

Is there a contract of any kind to sell the permit/business at this time?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you conducted server training since your last renewal?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
As owner do you manage the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, do you monitor the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a grocery store or pharmacy?			
<input type="checkbox"/> Yes (If yes, then you do <b>NOT</b> need to complete the rest of this section) <input type="checkbox"/> No (If no, then you <b>MUST</b> complete the rest of this section)			

The Alcohol and Tobacco Commission requires the following of all managers:

- They must have been an Indiana resident for 5 years or work in a restaurant with a minimum of \$100,000 annual food sales;
- They must be a United States citizen or resident alien;
- They must be of sound mind, 21 years of age and of good moral character;
- They cannot be a law enforcement officer; and
- They cannot have a conviction within the last 10 years of an A, B or C felony, in any state, or a federal crime with a sentence of at least one year.

Do you understand the requirements and attest that the managers listed below meet these qualifications? \_\_\_\_\_ (initial)

The Alcohol and Tobacco Commission requires managers as follows:

- At least *one* for each permit premise;
- The manager must have an employee permit unless he or she is a sole proprietor, partner or stockholder
- The manager is someone who has day-to-day authority over:
  1. employees that hold employee permits (*i.e. bartenders, servers*);
  2. the receipt, inventory, stocking, and marketing of alcoholic beverages;
  3. the premises, in the event of an emergency.

**LIST THE MANAGERS FOR THIS PREMISE (ENCLOSE AN ADDITIONAL SHEET IF NECESSARY)**

NAME	EMPLOYEE PERMIT # or OWNERSHIP TYPE	EMERGENCY TELEPHONE NUMBER

**STEP 5. AFFIDAVIT OF APPLICANT**

I certify that there have been no changes regarding my previous application except those noted herein. I certify that this application was completed by myself or by the preparer identified herein. I certify that my premise ownership is true and that I will provide a copy of any applicable lease or purchase by contract upon request of the Commission. I certify that I have met any applicable food and beverage sales requirements. I certify that all information provided herein and on any attached schedules or documents are true and correct. **I UNDERSTAND THAT IT IS A FELONY UNDER LAW TO MISREPRESENT OR FALSIFY ANY PORTION OF THIS APPLICATION OR ATTACHED DOCUMENTS.**

I hereby consent for the duration of the permit term to inspection and search by an enforcement officer, without a warrant or other process, of my licensed premise and vehicles to determine compliance with the provisions of I.C. 7.1

Printed name of applicant	Signature of applicant	Date (month, day, year)
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**STEP 6. AFFIDAVIT OF PREPARER (IF APPLICABLE)**

I certify that I have examined this application and the accompanying forms, schedules, and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature of preparer	Telephone number (       )	Date (month, day, year)
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**STEP 7. FEE**

Please remit business, certified checks, or money order - application will not be processed without payment

Submit in duplicate and

**One-way** (beer only) = \$500  
**Two-way** (beer & wine only) = \$750  
**Three-way** (beer, wine, & liquor) = \$1,000  
 (Except Fraternal Clubs) = \$250

**MAIL TO:**  
 INDIANA ALCOHOL & TOBACCO COMMISSION  
 302 West Washington Street, Room E114  
 Indianapolis, Indiana 46204